



# *City of Miami Gardens*

## **Building Department**

1515 N.W. 167<sup>th</sup> Street, Bldg. # 4  
Miami Gardens, Florida 33169  
305-622-8027 (office) 305-622-8557 (fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## **AFFIDAVIT OF NON-INSURANCE**

I, \_\_\_\_\_, owner of property located  
at \_\_\_\_\_, hereby certify that I do not  
carry homeowners' or flood insurance for said property, and that I do understand that  
the value of the property for the purpose of my re-roofing permit will be taken from  
the value given by the Miami-Dade Property Appraiser's Office.

Notarized Signature of Property Owner/Agent

\_\_\_\_\_  
Signature of Property Owner/Agent

\_\_\_\_\_  
Print Name of Property Owner/Agent

**STATE OF FLORIDA**

**COUNTY OF MIAMI DADE**

Sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_

**Printed Name of Signer**

[     ] **Personally known to me**

[     ] **or Produced Identification**

**Type of Identification:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

[     ] **Did take Oath**

[     ] **Did not take Oath**

\_\_\_\_\_  
**Signature of Notary Public**

**Seal:**